

Belz Care Limited

Holly Court Care Home

Inspection report

8 Priory Grove
Salford
M7 2HT

Tel: 01617080174
Website: www.hollycourtcare.co.uk

Date of inspection visit:
12 October 2022
13 October 2022

Date of publication:
29 November 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Holly Court Care Home is a purpose built care home registered to provide accommodation and care for up to 25 people. It is registered to support both older adults, younger adults as well as people living with dementia. At the time of inspection 22 people were living at the home.

People's experience of using this service and what we found

Improvements were required with medicines management, record keeping, staff training and supervision, person centred care; including care planning and the provision of activities and the audit and governance process.

People told us they felt safe living at the home. People and relatives felt enough staff were deployed to keep people safe, although staff were very busy and had little time to sit and chat with them. Staff completed safeguarding training and knew how to report concerns. Accident, incidents and falls had been documented, with analysis completed to help minimise a reoccurrence. The home was clean, with effective cleaning and infection control processes in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us they received enough to eat and drink. However, records of food and fluid intake were inconsistent. The environment was suitable for the people living at the home, with aids and adaptations in place to support people to navigate around the home and use facilities safely.

People and relatives were happy with the care provided and spoke positively about the staff who supported them. People told us they were offered choices each day, their dignity and privacy was respected, and they were supported to remain as independent as possible.

Each person had a care plan in place, which detailed how they wanted to be supported. The home was in the process of transferring to an electronic care planning system, which had resulted in some record keeping issues. People and relatives told us they knew how to complain but had not needed to. People had communication care plans in place, to ensure staff knew about any issues they may have and the best way to communicate with them.

People and relative views had been sought through meetings and surveys, to ensure they were involved in the running of the home. People told us they enjoyed living at the home and would give it their recommendation. Relatives also commented on Holly Court being a nice home, which they would recommend to others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 September 2021 and this is the first inspection under the current provider. The last rating for the service under the previous provider was good, published April 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to provide a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holly Court Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management, staff training and supervision, person centred care, record keeping and the home's audit and governance process at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Holly Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Holly Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Holly Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection due to the COVID-19 pandemic to ensure we had prior information to promote safety and to ensure the registered manager and/or a representative from the

provider would be present to support the inspection. Inspection activity started on 11 October 2022 and ended on 17 October 2022, by which time we had received and reviewed evidence provided after our visits to the home. We visited Holly Court Care Home on 12 and 13 October 2022.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 6 people and 4 relatives about the home and the care provided. We also spoke with 9 members of staff, which included the registered manager, deputy manager, senior care assistants, care assistants and the activity coordinator.

We reviewed a range of records and other documentation. This included 4 people's care records, risk assessments, safety records, supplementary charts, audit and governance information. We also looked at medicines and associated records for 8 people.

After the inspection

We requested and reviewed additional evidence from the provider. This included policies and procedures and training information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not being managed safely. We identified issues with record keeping and stock control.
- The amount of medicine in stock was not monitored effectively. As a result, we identified instances of people running out of medicines and subsequently missing doses, whilst waiting for additional medicines to be delivered. Stock counts also indicated some people's medicines had been given and not signed for, or signed for but not given.
- Record keeping needed to be improved. Topical medicine charts did not include the date treatment commenced and body maps for medicines prescribed in a patch form; had not been completed accurately, which meant we could not confirm the place where patches were applied had been rotated in line with manufacturer guidance. We also found guidance for some 'as required' medicines required more detail; to ensure staff knew when and how to administer these.

Systems, processes and record keeping relating to the management of medicines were not robust. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We identified some gaps in the completion of required safety checks. Safety checks had not been completed on the home's two bath hoists within the last 12 months, to ensure they were safe to use. However, arrangements had been made for checks to be completed week commencing 28 October 2022.
- We noted a gap of 4 weeks in weekly fire check records, which had occurred due to the person responsible being on holiday and no contingency plan to cover their absence being in place. Also, quarterly essential safety check documentation had not been completed in line with required timescales.
- Accidents, incidents and falls had been logged on the provider's electronic system. Additional analysis had been completed looking at patterns and trends and we saw action plans had been generated to help prevent a reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. Relatives we spoke with had no concerns about their family members safety.
- Staff told us they received training in safeguarding and knew how to identify the different types of abuse and report any concerns.
- A log had been kept which detailed safeguarding referrals, what had occurred and actions taken. We found any issues had been reported in line with local authority guidance.

Staffing and recruitment

- Staffing levels were allocated in line with the provider's dependency tool. This is a system which determines how many staff are needed to meet people's assessed needs. Staff rotas were compiled based on this information.
- The majority of people, relatives and staff told us enough staff were deployed to meet individuals needs and keep people safe. One person told us, "The staff come straight away when I use the buzzer."
- From observing care, we noticed communal areas were left unattended at times, due to their only being two staff allocated per floor. We also noted some people having to wait for support and/or encouragement to eat their lunch. This was due to how busy the two staff available were in ensuring everyone was served in a timely way.

Preventing and controlling infection

- The home was clean with effective cleaning and infection control processes in place. We observed staff wearing and disposing of PPE appropriately.
- Additional measures had been implemented throughout the COVID-19 pandemic, to ensure guidance was followed and people kept safe. Appropriate policies, procedures and cleaning schedules were in place.
- People and relatives comments supported our observations. One person said, "The home is always really clean." Whilst a relative stated, "[Relative's] room is always clean and tidy."

Visiting in care homes

- Government guidance around visiting had been followed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training and supervision had not been completed consistently. As a result, we could not confirm staff had the necessary skills and experience to complete their roles safely and effectively.
- Staff training was documented on a matrix. Training completion rates for 4 staff was listed as 0%. Two recently recruited staff had yet to complete all required training despite them completing care shifts. A training action plan was in place, though this had only been created in October 2022.
- The provider's supervision policy did not specify how many supervision meetings should be held per year, with frequency being dependent on each staff's specific needs and wishes. However, we saw no evidence this information had been sought and only three staff had actually completed a supervision meeting in 2022. Following the inspection, the registered manager told us the provider had amended the supervision policy to now include frequency of supervision meetings

Training and supervision records indicated the provider had failed to ensure all staff had received appropriate training, supervision and development, to enable them to carry out their roles safely and effectively. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received enough to eat and drink but gave mixed feedback about the quality of the meals provided.
- On the first day of inspection, only one lunch option was available. We asked staff what would happen if someone did not like or want this option. We were told they would offer them cereal or toast. However, the register manager denied this was true and stated an alternative hot option would be provided.
- We found some improvements were needed with the dining experience. There were no menu boards on display, or menus on tables to advertise what meals were planned for the day. People were asked what they wanted to eat the day before, but no visual aids were used to remind people of their choices or advertise what the day's meal options were.
- Food and fluid charts were being kept. However, food charts lacked detail about what people had actually eaten and fluid intake was not being recorded consistently. We observed drinks being offered both at and between meal times. However, fluid records indicated people were not being offered enough fluids to achieve their recommended daily intake. This is covered in further detail in the well-led key question.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Weight monitoring was being completed and people's risk of malnutrition was being assessed using the Malnutrition Universal Scoring Tool. However, record keeping around weight loss and actions taken required strengthening. For example, we were told one person was under the care of a dietician. However, there was no reference to this in their electronic care plan.
- Staff told us how they ensured people's oral care needs were met and care plans contained information about the support people needed and the equipment which was required. However, daily records to confirm oral care had been provided were inconsistent.
- People received support to stay well and access medical services and professionals as required. People had access to a variety of medical and health related services, such as general practitioners, speech and language therapists, tissue viability nurses and dieticians

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and the DoLS process had been managed effectively.
- DoLS applications had been submitted in a timely way, with systems used to monitor applications, outcomes and ensure reapplications were made in line with guidance.
- Where people lacked capacity to consent to care and treatment, decisions had been made in their best interest.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been completed both prior to and upon admission to the home, to help ensure the environment was suitable and the home could meet people's needs.
- People's likes, dislikes and how they wanted to be supported had been captured as part of this process. This enabled staff to provide care in line with people's wishes.

Adapting service, design, decoration to meet people's needs

- Consideration had been given to ensuring the environment was suitable for the people living at the home.
- Pictorial signage was in use to help people identify toilets, bathrooms and other communal areas. The corridors had been named after Salford streets. Walls contained framed pictures and posters of old film stars and adverts that were era appropriate, along with pictures painted by people living at the home.
- People's rooms were clean and had been personalised with family photographs and pictures.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy with the care provided and the staff who supported them. Comments included, "It's really good care, the staff are very kind, you can't beat them" and "I love them [staff], they are brilliant. They look after me."
- Relatives were also complimentary about the care provided. One told us, "I think they [staff] are all very good, they are caring."
- We observed a number of positive interactions throughout the inspection and it was apparent people were at ease in staff's company. There was a positive culture at the home and people were provided with care that was sensitive to their needs and non-discriminatory. People's preferences were clearly documented on their care plan.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect by staff who knew them well. One person stated, "Yes, I am treated with dignity. Staff always knock on my door before entering."
- Staff told us the ways in which they ensured people's dignity was respected. One staff member stated, "I always explain what I am going to do, close doors and curtains, use a towel to cover the person and provide reassurance."
- Staff were committed to ensuring people's independence was promoted as much as possible. Comments from staff included, "I let people do as much for themselves as they can" and "If washing someone, I let them do whatever they can and just wash the areas they struggle with."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were offered choices and able to make decisions about their care, such as when to get up, what to wear and how they spent their time. One person chatted about having days when they just wanted to stay in bed and how this was accommodated.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The quality and comprehensiveness of care plan information required improvement. The home was in the process of transferring to an electronic care planning system. We found there was no clear plan for how this was being managed.
- We identified inconsistencies and contradictory information in both paper based and electronic care plans, such as the level of support people required to complete tasks or specific information about their needs. We also found individual care plans for one person had been accidentally omitted when their records were transferred to the electronic system. This meant there was not a comprehensive record of their needs.
- Electronic care plans were not easy to read and follow, as information was jumbled and contradictory. We also noted the content across different people's care plans was very similar, which was partly due to the electronic system prepopulating care plans with standard text and this not being edited sufficiently. We discussed the importance of ensuring each care plan was person centred with the registered manager.
- We found a lack of activities and stimulation being provided for people living at the home. Feedback from people, relatives and staff supported this.
- People spoke positively about the activity co-ordinator, who from observations had developed good relationships with people. However, they were also used to cover care shifts when the home was short staffed, which affected their ability to complete activity sessions.
- Due to completing care shifts, between 12 and 30 September, aside from the weekly visit by the hairdresser, only 3 activity sessions had been provided. During week commencing 3 October, no activities, aside from the hairdresser had been provided.

The provider had failed to ensure care plans accurately reflected people's care and support needs and were person centred. People's social, recreational and leisure needs had not been met, as activities were not consistently provided. This is a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person had a communication care plan in place which explained any sensory issues they had, aids in place and how staff should communicate with them.
- Some effort had been made with the annual survey template to make this more accessible, including the use of smiley and sad faces, to help people decide if care was good or bad.
- Otherwise, we saw little evidence of information being available in a range of formats to cater for differing needs, such as pictorial posters to explain the complaints or safeguarding process. The service user guide was on display. However, this was a 23 page text heavy document with no easy read or summary version available, for those unable to read or understand such a lengthy document.

End of life care and support

- At the time of inspection one person was receiving end of life care.
- This person had a paper based advanced care plan in place, which covered areas such as dealing with infections, food & fluid intake and avoiding hospital admission.
- However, their electronic end of life care plan, lacked specific details about how the person should be cared for, such as mouth care, pain management and any changes to their personal care routine. Staff were able to explain how they provided end of life care, which indicated this was a record keeping issue.

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy and procedure in place.
- A complaints file had been set up which contained a log, on which any complaints would be recorded, along with action taken and outcomes. We were told no complaints had been received within the last 12 months. Because of this, the log was blank.
- People and relatives told us they would speak to a staff member or the registered manager if they had any concerns, though none said they had needed to.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The audit and governance process had recently been incorporated into the home's new electronic care planning system. Compared to the previous paper based system, for which there was a clear schedule, it was unclear from looking at the system exactly which audits were being completed and how frequently.
- The provider's audit and governance process had not identified the issues we noted on inspection, including those relating to care plans, medicines management, gaps in safety records and contemporaneous record keeping; which included personal care, oral care, repositioning and food and fluid charts.
- Although each audit included an action plan section, the home did not use an overarching action plan, onto which all actions were collated, to assist with oversight and help drive improvements.

Systems and processes to monitor the quality and safety of the service and ensure record keeping was accurate and contemporaneous, were not robust or completed consistently. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider and registered manager were proactive in reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC as necessary

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Resident and relative meetings had been held. The provider's policy did not specify how often meetings should be held, however, from reviewing minutes, meetings had occurred every 4 months.
- People and relatives views had been captured via a rolling survey system, with relatives having ongoing access to questionnaires, as copies were located by the entrance to the home.
- Although views were sought, we found there was no clear system in place for sharing what actions had been taken in response to people's comments complaints or suggestions. Meetings did not review previous minutes and actions and survey responses were not shared.
- Staff told us they enjoyed working at the home and felt they had a good staff team, who worked well together. We received mixed responses about whether staff felt supported. The registered manager managed two care homes, which were adjacent to each other. Staff told us the registered manager spent the majority of their time in the other home and contact was mainly through phone calls.

- A deputy manager was in place to oversee the day to day running of Holly Court. However, they had only been in post for a few weeks.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home was meeting the requirements of the duty of candour. Both the registered manager and staff were reported to be open and honest, and people and their relatives had no concerns around communication, or action taken when any concerns had been raised.
- One relative told us, "They keep me informed if there are any incidents."

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home, although involvement with local schools and community groups had been affected by the COVID-19 pandemic.
- The home was working with the local authority and medical professionals to ensure people received appropriate care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure care plans accurately reflected people's care and support needs and were person centred. People's social, recreational and leisure needs had not been met, as activities were not consistently provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems, processes and record keeping relating to the management of medicines were not robust.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to monitor the quality and safety of the service and ensure record keeping was accurate and contemporaneous, were not robust or completed consistently.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Training and supervision records indicated the provider had failed to ensure all staff had received appropriate training, supervision and development, to enable them to carry out their roles safely and effectively.

